

**AFFIDAVIT**  
(PUBLIC COST)

STATE OF MISSOURI   )  
  )  
COUNTY OF (Name)    )

I, (Insert Director's Name), Director of the Department of (Name), first being duly sworn on my oath state that it is my opinion that the attached fiscal note for the proposed rule/proposed amendment or proposed rescission (whichever is applicable) of (Rule No.) is a reasonably accurate estimate.

\_\_\_\_\_  
(Name)  
(Title)  
(Name of Department)

Subscribed and sworn to before me this\_\_\_ day of \_\_\_\_\_, (year). I am commissioned as a notary public within the County of (Name of County), State of Missouri, and my commission expires on\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC